

L17000193951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

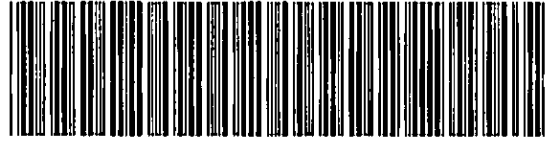
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORGI COTTAGES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

FRANCIS J. COLOSIMO and ANGELA D. COLOSIMO

Name of Manager

CORGI COTTAGES LLC

Name of Company

5258 JENNINGS BLVD

Address of Company

Port Charlotte, FL 33981

City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:

Anne Whitmarsh at

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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11:30

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM
John Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

**CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL**

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 14 day of September, 2022, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **CORGI COTTAGES LLC**

SECOND: The Florida Document Number of the limited liability company is: **L17000193951**

THIRD: The street address of the limited liability company's principal office is: **5258 JENNINGS BLVD, Port Charlotte, FL 33981**

The mailing address of the limited liability company's principal office is: **5258 JENNINGS BLVD, Port Charlotte, FL 33981**

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **FRANCIS J. COLOSIMO A/K/A FRANCIS COLOSIMO and ANGELA D. COLOSIMO**, as Managers.
- b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

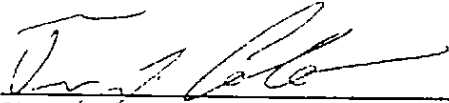
- a. Granted to: **FRANCIS J. COLOSIMO A/K/A FRANCIS COLOSIMO and ANGELA D. COLOSIMO**, as Managers.
- b. No authority granted to:

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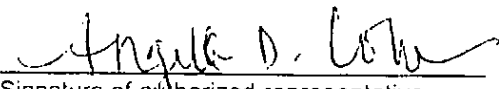
The undersigned does hereby certify the accuracy of the statements set forth herein.

Signature of authorized representative

Printed name and position title


Signature of authorized representative

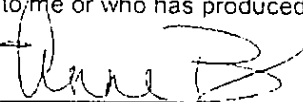
FRANCIS J. COLOSIMO, as Manager
Printed name and position title

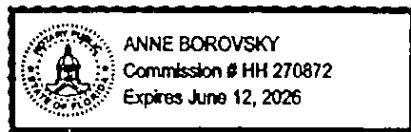

Signature of authorized representative

ANGELA D. COLOSIMO, as Manager
Printed name and position title

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 14 day of September 2022 by FRANCIS J. COLOSIMO A/K/A FRANCIS COLOSIMO and ANGELA D. COLOSIMO, as Managers of CORGI COTTAGES LLC, a Florida limited liability company, who is personally known to me or who has produced as identification and who did take an oath.


Notary Public, State of Florida
My Commission Expires:
(Seal)



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